

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

DBA \_\_\_\_\_ Affiliated Companies \_\_\_\_\_

Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Incorporated: State \_\_\_\_\_ Year \_\_\_\_\_

<b>Owner(s) Name/SSN</b>	<b>Home Address, Zip</b>	<b>Phone #</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been a party to a suit within the last 5 years, have any outstanding judgements against you, or have gone through foreclosure \_\_\_\_\_

I do hereby authorize my bank to disclose information concerning my accounts.

Declared bankruptcy within the last 10 years \_\_\_\_\_ Year \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

<b>Trade Creditor</b>	<b>Street</b>	<b>City</b>	<b>Zip</b>	<b>Fax</b>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Resale# \_\_\_\_\_ Fed Tax ID# \_\_\_\_\_

Payment Terms: To be received at Applied Membranes, Inc., Vista, California, within 30 days from invoice date.

The customer agrees to pay all service/late charges, reasonable attorney's fees, court costs, investigation costs, and expert witness fees incurred in the collection of the customer's past due account.

A service charge of 11/2% per month (18% annually) will be assessed on past due amounts.

Any disputes relating to the customer's account will be governed by California law, and shall be litigated only in the superior or municipal court for the county of San Diego, and no other.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Co. Officer

